

APPLICATION

This form MUST be completed and filed at the Planning Department, Tenth Floor, City Hall, 455 N. Main St., Wichita, KS 67202 in accordance with directions on the accompanying instruction sheet. AN INCOMPLETE APPLICATION CANNOT BE ACCEPTED. Check the appropriate box below for type of application being submitted. A separate application form and filing fee is required for each application. A pre-application conference with the planning staff is recommended before filing this application.

SECTION I

This property is located within: ☐ Wichita ☐ Sedgwick County (unincorporated)

Metropolitan Area Planning Commission:

- ☐ Zone Change: From zoning district: _____ to _____
- ☐ Planned Unit Development: ☐ Approval ☐ Amendment to PUD _____ ☐ Adjustment to PUD _____
- ☐ Community Unit Plan: ☐ Approval ☐ Amendment to CUP _____ ☐ Adjustment to CUP _____
- ☐ Protective Overlay: ☐ Approval ☐ Amendment to PO _____ ☐ Adjustment to PO _____
- ☐ Conditional Use: To allow: _____ zone district: _____
☐ Adjustment to CON #: _____
- ☐ Vacation of: _____ zone district: _____
(Use a separate sheet for legal description, if necessary)
- ☐ Administrative Permit: To allow: _____ foot high wireless communication facility. zone district: _____
- ☐ Off-Site Billboard Sign within _____ feet of a residential lot/structure. zone district: _____

Board of Zoning Appeals:

- ☐ Variance: To allow: _____ zone district: _____
- ☐ Appeal of: _____ zone district: _____
- ☐ Zoning Adjustment: To allow: _____ zone district: _____
- ☐ Sign Code Adjustment: To allow: _____ zone district: _____

SECTION II

1. The application area is legally described as Lot(s) _____; Block(s) _____, _____ Addition, (Wichita) Sedgwick County, KS. If appropriate, a metes and bounds description may be attached.
2. The application area contains _____ acres.
3. This property is located at (address) _____ which is generally located at (relation to nearest streets) _____
4. We file this request for the following reasons: _____

5. County control number: _____

(continue)

6. The names of the owners of all property included in this application **MUST** be listed as applicants. Contract purchasers, lessees or others directly associated with the property may also be listed if they desire to be advised of the proceedings. (Use a separate sheet for additional applicants, if needed)

A. APPLICANT _____ PHONE _____
ADDRESS _____ ZIP CODE _____
EMAIL ADDRESS _____

AGENT _____ PHONE _____
ADDRESS _____ ZIP CODE _____
EMAIL ADDRESS _____

B. APPLICANT _____ PHONE _____
ADDRESS _____ ZIP CODE _____
EMAIL ADDRESS _____

AGENT _____ PHONE _____
ADDRESS _____ ZIP CODE _____
EMAIL ADDRESS _____

C. APPLICANT _____ PHONE _____
ADDRESS _____ ZIP CODE _____
EMAIL ADDRESS _____

AGENT _____ PHONE _____
ADDRESS _____ ZIP CODE _____
EMAIL ADDRESS _____

7. We acknowledge receipt of the instruction sheet explaining the method of submitting this application. We realize that this application cannot be processed unless it is completely filled in; is accompanied by a current abstractor's certificate as required in the instruction sheet; and is accompanied by the appropriate fee. We further certify that the foregoing information is true and correct to the best of our knowledge. We authorize unannounced inspections of the subject property by City and/or County staff for the purpose of collecting information to review and analyze this request. We acknowledge that the MAPC, Governing Body or Board of Zoning Appeals shall have authority to impose such conditions as it deems necessary in order to serve the public interest and welfare.

Applicant's Signature By _____
Authorized Agent (if Any)

Applicant's Signature By _____
Authorized Agent (if Any)

Applicant's Signature By _____
Authorized Agent (if Any)

The Petition must bear the signature(s) of the property owner(s). If an authorized agent signs on the owner's behalf, the agent shall sign his own name and attach the owner's written notarized authorization to this application.

FOR OFFICE USE ONLY

Map _____ Zoning (N) _____ (S) _____ (E) _____ (W) _____ MAPC/BZA _____ Township _____
Council/Commission District _____ DAB _____ Sm. City PC _____
NA/HOA _____
Date _____ Fee _____ Received By _____

REQUIRED DOCUMENTS:

☐ Ownership List ☐ BZA Justification ☐ Legal Description ☐ Vacation Petition ☐ Site Plan ☐ Signs